

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
 RECEIVED
 FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE
 San Jose City Clerk

 Date Received
 Official Use Only

ID - 87716494

Please type or print in ink.

2013 AUG 15 PM 1:30

2013 APR -2 PM 1:47

 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Constant, Pete
1. Office, Agency, or Court

Agency Name

City of San Jose

Division, Board, Department, District, if applicable

Your Position

40-Council Offices

D01 - Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position: _____

2. Jurisdiction of Office (Check at least one box)☐ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County _____☒ County of Santa Clara☒ City of San Jose☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2012, through December 31, 2012

-or-

The period covered is ____/____/____, through December 31, 2012.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)☐ The period covered is January 1, 2012, through the date of leaving office.☐ **Assuming Office:** Date assumed ____/____/____☐ The period covered is ____/____/____, through the date of leaving office.☐ **Candidate:** Election Year _____ and office sought, if different than Part 1: _____**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 5☐ **Schedule A-1 - Investments** - schedule attached☒ **Schedule C - Income, Loans, & Business Positions** - schedule attached☒ **Schedule A-2 - Investments** - schedule attached☐ **Schedule D - Income - Gifts** - schedule attached☐ **Schedule B - Real Property** - schedule attached☒ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or-

☐ **None - No reportable interests on any schedule**

5

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

 Date Signed 04/01/2013
 (month, day, year)

Agency	Division, Board, Department, District	Position
Santa Clara Co. LAFCO	LAFCO	Commissioner
Silicon Valley RIA	SVRIA	Boardmember
FCERS, City of San Jose	Retirement	Board member
P&F Retirement Board, City of San Jo	Retirement	Board member
San Jose-Santa Clara Clean Water Financing	SJSCCWFA	Boardmember

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____
Constant, Pete _____

▶ 1. BUSINESS ENTITY OR TRUST

Constant Image Corp

Name
962 Westmont Ct.
San Jose CA 95117

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Internet/Photography

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☒ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

09 / 14 / 10
ACQUIRED

DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☒ Corp Other _____

YOUR BUSINESS POSITION Pres/CEO

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☒ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☒ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

ACQUIRED

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

ACQUIRED

DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other _____

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

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IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

ACQUIRED

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name _____
Constant, Pete

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

St. Mary's College of California

ADDRESS (Business Address Acceptable)
1928 St. Mary's Road
Moraga CA 94556

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Higher Education

YOUR BUSINESS POSITION

Adjunct Professor

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Constant, Pete</u>

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

<p>▶ NAME OF SOURCE (Not an Acronym) <u>American Legislative Exchange Council</u> ADDRESS (Business Address Acceptable) <u>1101 Vermont Ave. N.W. 11th Floor</u> CITY AND STATE <u>Washington DC 20005</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>07 / 25 / 12</u> - <u>04 / 28 / 13</u> AMT: \$ <u>1540.32</u> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input checked="" type="checkbox"/> Made a Speech/Participated in a Panel <input checked="" type="checkbox"/> Other - Provide Description <u>Airfare/Transportation/Lodging</u></p>	<p>▶ NAME OF SOURCE (Not an Acronym) <u>Mobilize.org</u> ADDRESS (Business Address Acceptable) <u>1029 Vermont Ave NW, Suite 600</u> CITY AND STATE <u>Washington DC 20005</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>08 / 24 / 12</u> - <u>08 / 25 / 12</u> AMT: \$ <u>244.00</u> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input checked="" type="checkbox"/> Made a Speech/Participated in a Panel <input checked="" type="checkbox"/> Other - Provide Description <u>Transportation/Lodging</u></p>
<p>▶ NAME OF SOURCE (Not an Acronym) <u>Citizens Against Government Waste</u> ADDRESS (Business Address Acceptable) <u>1301 Pennsylvania Avenue, NW Suite 1075</u> CITY AND STATE <u>Washington DC 20004</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>09 / 26 / 12</u> - <u>09 / 27 / 12</u> AMT: \$ <u>1577.26</u> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input checked="" type="checkbox"/> Made a Speech/Participated in a Panel <input checked="" type="checkbox"/> Other - Provide Description <u>Airfare/Ground Transportation/Lodging</u></p>	<p>▶ NAME OF SOURCE (Not an Acronym) _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel <input type="checkbox"/> Other - Provide Description _____</p>

Comments: _____



CITY OF SAN JOSÉ, CALIFORNIA

Office of the City Clerk
200 East Santa Clara Street, Wing
San José, California 95113
Telephone 1 (408) 535-1261
FAX 1 (408) 292-6207

San Jose City Clerk

2013 APR -2 PM 1:47

FAMILY GIFT REPORTING FORM

Pursuant to the City's Gift Ordinance, Chapter 12.08 of the San Jose Municipal Code, all consultants, contract employees, officers and designated employees of the City and its Redevelopment Agency must file this form with the City or Agency, together with the annual Statement of Economic Interests (Form 700).

You must list below any reportable gifts known to have been accepted by your domestic partner, spouse and any dependent child (Section 12.08.050) during the previous calendar year. Gifts that must be reported are those that would be prohibited had they been given to you. Refer to Section 12.08.010 and 12.08.020 to determine whether a particular gift must be reported. Section 12.08.030 lists the gifts that are not prohibited and do not need to be reported.

PLEASE TYPE OR PRINT IN INK

Name of Filer Pete Constant

Phone (408)535-4901

Name of Agency City of San Jose

CHECK APPROPRIATE ITEM

- ☐ I do not have a spouse, domestic partner or any dependent children.
- ☒ I have no knowledge that my spouse, domestic partner or any dependent child has received a reportable gift.
- ☐ My spouse, domestic partner or dependent children have, to my knowledge, received the following gifts:

PLEASE LIST EACH GIFT SEPARATELY

DATE	RECIPIENT (Spouse/Domestic Partner/Child)	GIFT	DONOR	VALUE

VERIFICATION

I, [REDACTED], certify that the information provided on this form is true and correct to the best of my knowledge and belief.

[REDACTED]

(REV. 2/00)